FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED FEC MAIL CENTER

2015 SEP 18 AM 8: 05

Office Use Only

1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing over the lines.	g, type 12FE4	M5
KGY Sitialties				
ADDRESS (number and street) ▼	4025 CONIS		I AVE INW	
Check if different than previously reported. (ACC)	MASHINGTIO	_	[D ₁ <]	120036-
2. FEC IDENTIFICATION N	UMBER ▼ CIT	Y A	STATE ▲	ZIP CODE ▲
CU0,5,6,6,8	0.2 3. IS	THIS NEPORT (N	8 8	AMENDED A)
4. TYPE OF REPORT (Choose One)	Report			ug 20 (M8) Nov 20 (M11) (Non-Election Year Only) pp 20 (M9) Dec 20 (M12)
(a) Quarterly Reports:	Apr	20 (M4) J	ul 20 (M7) O	ct 20 (M10) (Non-Election Year Only) Jan 31 (YE)
April 15 Quarterly Report (Primary (12P)	F-3	al (12G) Runoff (12R)
July 15 Quarterly Report (October 15 Quarterly Report (Q2) PRE-Election Report for the:	Convention (1	Sandi Sandi	il (125)
January 31 Year-End Report (, Floration	n on		in the State of
July 31 Mid-Year Report (Non-electi Year Only) (MY)	on (d) 30-Day POST-Election Report for the:	General (30G) Runoff	(30R) Special (30S)
Termination Repor	t Election	n on		in the State of
5. Covering Period	1 25 2014	through	L2 31	2014
I certify that I have examined to Type or Print Name of Treasur	\sim ()	my knowledge and b $ \mathcal{V}_{l} \leq S \in \mathcal{K}_{l}$	elief it is true, correct a	and complete.
Signature of Treasurer	Labert PV	soer	Date <i>O</i>	9 06 2015
NOTE: Submission of false, error	neous, or incomplete information	may subject the pers	on signing this Report to	the penalties of 52 U.S.C. § 30109.
Office Use				FEC FORM 3X Rev. 12/2004

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SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name Key From: Report Covering the Period: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand January 1, (b) Cash on Hand at Beginning of Reporting Period..... (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) Total Disbursements (from Line 31)..... Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

Page 3

				•	
٨	/rita	٥r	Type	Committee	Name

Key States

Report	Covering	the	Pariod:	
Report	Covering	ιne	Period:	

From:

11/21/2014

To:

12 31 2014

1	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From:		
	(a) Individuals/Persons Other		
	Than Political Committees		Exemple or the second s
	(i) Itemized (use Schedule A)	0-	2.17
•	,,		the second control of
	(ii) Unitemized		,
	(iii) TOTAL (add		
-	Lines 11(a)(i) and (ii)▶	$\delta - 1$	1,0,1,0,1
,	=		
,	(b) Political Party Committees		
	(c) Other Political Committees		
	(such as PACs)		
	(d) Total Contributions (add Lines		
	11(a)(iii), (b), and (c)) (Carry		
-	Totals to Line 33, page 5)	$\triangle \varphi$	<i>→</i>
12	Transfers From Affiliated/Other		
12.	Party Committees		
	Tarty Committees		
13	All Loans Received		
13.	All Loans Heceived	L. CAS	L. man
		Browshing and months of the market market and and	Eroseltuerellamintemechisemtrametranilarinilarinilarinilarinellamica
14.	Loan Repayments Received		
15.	Offsets To Operating Expenditures		
	(Refunds, Rebates, etc.)		
	(Carry Totals to Line 37, page 5)		
16.	Refunds of Contributions Made		Section 1. Annual Control of Cont
	to Federal Candidates and Other		page of the state
	Political Committees		
17.	Other Federal Receipts		
	(Dividends, Interest, etc.)		
18.	Transfers from Non-Federal and Levin Funds		
	(a) Non-Federal Account		park de se de se la company de se la com
	(from Schedule H3)	. —	
	(b) Levin Funds (from Schedule H5)		.—
	(b) Leviii i dilds (iioiii Scheddle 113)		
	(a) Total Transfers (add 19(a) and 19(b))		
	(c) Total Transfers (add 18(a) and 18(b))		<u> </u>
		·	
19.	Total Receipts (add Lines 11(d),		
	12, 13, 14, 15, 16, 17, and 18(c)) ▶	O OV	750200
•			
20.	Total Federal Receipts		
	(subtract Line 18(c) from Line 19) ▶		

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

II. Disbursements

Federal Share

(ii) Non-Federal Share.....

Expenditures

(a) Allocated Federal/Non-Federal Activity (from Schedule H4)

(b) Other Federal Operating

22. Transfers to Affiliated/Other Party

Independent Expenditures

Federal Candidates/Committees and Other Political Committees.....

(a) Individuals/Persons Other
Than Political Committees

(b) Political Party Committees

Other Disbursements

(a) Allocated Federal Election Activity

31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..

> (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....

32. Total Federal Disbursements

(i) Federal Share

(ii) "Levin" Share..... (b) Federal Election Activity Paid Entirely With Federal Funds (c) Total Federal Election Activity (add ..

(such as PACs).....

26. Loan Repayments Made.....

Refunds of Contributions To:

(c) Other Political Committees

(d) Total Contribution Refunds

(from Schedule H6)

Committees...... Contributions to

Loans Made

(c) Total Operating Expenditures

21. Operating Expenditures:

of Disbursements Page 4 **COLUMN A COLUMN B Total This Period** Calendar Year-to-Date (add 21(a)(i), (a)(ii), and (b))▶ (add Lines 28(a), (b), and (c))..........▶ 30. Federal Election Activity (52 U.S.C. § 30101(20)) Lines 30(a)(i), 30(a)(ii) and 30(b))....▶



DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III	. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) (from Line 11(d), page 3)	ON	3.2
34.	Total Contribution Refunds (from Line 28(d))		
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)		
36 .	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	and the second s	and a cook a sold to sold for the fact that the cook and
37.	Offsets to Operating Expenditures (from Line 15, page 3)		
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	Company of the Compan	

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SCHEDULE A (FEC Form 3X) FOR LINE NUMBER: PAGE OF Use separate schedule(s) (check only one) ITEMIZED RECEIPTS for each category of the 11a 11c **Detailed Summary Page** Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) STATES Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) В. Date of Receipt Mailing Address City Zip Code State Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) C. Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only)......

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SCHEDULE B (FEC Form 3X) PAGE OF FOR LINE NUMBER: Use separate schedule(s) ITEMIZED DISBURSEMENTS (check only one) for each category of the 21b 23 24 25 26 Detailed Summary Page 27 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Date of Disbursement Mailing Address City Zip Code Purpose of Disbursement Amount of Each Disbursement this Period Candidate Name Category/. Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) District: Full Name (Last, First, Middle Initial) В. Date of Disbursement Mailing Address City State Zip Code Purpose of Disbursement Amount of Each Disbursement this Period Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) State: District: Full Name (Last, First, Middle Initial) C. Date of Disbursement Mailing Address City State Zip Code Purpose of Disbursement Amount of Each Disbursement this Period Candidate Name Category/ Type Office Sought: House Disbursement For: Senate **Primary** General President Other (specify) State: District:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

CHEDULE C (FEC Form 3X)	
DANS	Use separate schedule(s) PAGE OF for each category of the
	Detailed Summary Page FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)	
Key States	
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:
	Primary General
Mailing Address	Other (specify)
·	
City State	ZIP Code
1 -	Payment To Date Balance Outstanding at Close of This Per
[more frame frame () hand home from 4) hand home from 1 have frame from 1 hand home () hand home ()	de anticipa de la constitución d
TERMS Date Incurred	Date Due Interest Rate Secured:
	% (apr) Yes
List All Endorsers or Guarantors (if any) to Loan Source	e/
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle/Initial)	Name of Employer
, , , , , , , , , , , , , , , , , , , ,	
Mailing Address /	Occupation
City State ZIP Code	Amount Guaranteed
	Outstanding:
4. Full Name (Last, First,/Middle Initial)	Name of Employer
·	
Mailing Address	Cocupation
/	Amount programme and the second secon
City State ZIP Code	Guaranteed
	Outstanding:
NIDTOTAL C. This Devied This Deed (askings)	
SUBTOTALS This Period This Page (optional)	b
COTALS This Period (last page in this line only)	Process From School (1) Proceedings of the School (1) Process of the S

SCHEDULE C-1 (FEC Form 3X)		Supplementary for
LOANS AND LINES OF CREDIT FRO	M LENDING INSTITUTION	S Information found on Page of Schedule C
Federal Election Commission, Washington, D.C. 20463		
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER
Kiey States		C
LENDING INSTITUTION (LENDER)	Amount of Loan	Interest Rate (APR)
Full Name P/A		0/_
Mailing Address		- Mam / Dap / Karara
	Date Incurred or Established	
City State Zip Code	Date Due	
A. Has loan been restructured? No Yes	s If yes, date originally incurre	ed
B. If line of credit, Amount of this Draw:	Balance:	
C. Are other parties secondarily liable for the deb	ot incurred? ntors must be reported on Schedule C.)
D. Are any of the following pledged as collateral property, goods, negotiable instruments, certific stocks, accounts receivable, cash on deposit, No Yes If yes, specify:	cates of deposit, chattel papers,	What is the value of this collateral? Does the lender have a perfected security
		interest in it? No Yes
E. Are any future contributions or future receipts collateral for the loan? No Yes	of interest income, pledged as If yes, specify:	What is the estimated value?
A depository account must be established pure to 11 CFR 100.82(e)(2) and 100.142(e)(2).	suant Location of account:	
Date account established:	Address:	
A LOS / PORTY / PORTY	City, State, Zip:	
F. If neither of the types of collateral described at the loan amount, state the basis upon which the	pove was pledged for this loan, or if the	e amount pledged does not equal or exceed hich it assures repayment.
G. COMMITTEE TREASURER	\.	DATE
Typed Name Signature		A P D D D V V D V V V V V V V V V V V V V
H. Attach a signed copy of the loan agreement.		
TO BE SIGNED BY THE LENDING INSTITU To the best of this institution's knowledge are accurate as stated above.	tions (including interest rate) no more fowers of comparable credit worthiness.	
AUTHORIZED REPRESENTATIVE		DATE
Typed Name Signature	Title	- Sink / DSO / VOVOVOV

SCHEDULE D (FEC Form 3X)	(Use separate PAGE OF		
DEBTS AND OBLIGATIONS	schedule(s)	FOR LINE NUMBER:	
Excluding Loans	for each numbered line)	(check only one) 9	
NAME OF COMMITTEE (in Full)			
Key States			
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of D	ebt (Purpose):	
. / ^			
Mailing Address			
City State \ Zip Code			
City State Zip Code			
Outstanding Balance Beginning This Period			
	·		
Amount Incurred This Period Payment This Period	Outstandii	ng Balance at Close of This Period	
the state of the s		The second of th	
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of D	ebt (Purpose):	
Mailing Address			
City State Zip Code			
City State Zip Code			
Outstanding Balance Beginning This Period	······································		
Amount Incurred This Period Payment This Period	Outstandii	ng Balance at Close of This Period	
Amount modified this remove		ag Editinos de Cissos of Filia Folioca	
C. Full Name (Last, First, Middle Initial) of Debtor or Greditor	Nature of D	ebt (Purpose):	
Mailing Address			
City State Zip Code		•	
City State Zip Code			
Outstanding Balance Beginning This Period	-J	•	
Amount Incurred This Period Payment This Period	Outstandi	ng Balance at Close of This Period	
Amount mounted this remove the property of the		The state of the s	
	ŕ		
1) SUBTOTALS This Period This Page (optional)	•		
2) TOTALS This Period (last page this line number only)	•	(1) E 2 (E) E E C1.	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)			
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page or	nlv) ▶		

SCHEDULE E (FEC Form 3X)		
ITEMIZED INDEPENDENT EXPENDITURES		PAGE OF FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Key States		CODS.6680.2
· (eport Amends repo	rt filed on
Full Name of Payee		Date of Public Distribution/Dissemination
NIA		Dan /
Mailing Address		Amount
City State	Zip Code	
Purpose of Expenditure		Date of Disbursement or Obligation
Turpose of Experionale	Category/ Type	
Name of Federal Candidate	Support	Office Sought: House District:
	Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	December of market and the second	Disbursement For:
Full Name of Payee		Date of Public Distribution/Dissemination
		10 0 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Mailing Address		Amount
City State	Zip Code	
		Date of Disbursement or Obligation
Purpose of Expenditure	Category/ Type	
Name of Federal Candidate	Support	Office Sought: House District:
<u> </u>	Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General
		Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures		
		Brancham Survey
(b) SUBTOTAL of Unitemized Independent Expenditures	·····/	
(c) TOTAL Independent Expenditures		· • • • • • • • • • • • • • • • • • • •
· · · · · · · · · · · · · · · · · · ·		
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
		Marketter (Lord of) Industrial and the second
Signature	Date	

SCHEDULE F (FEC Form 3X)

	OR FEDER	AL OFFICE		PAGE OF
(To be	used only by	Political Committees in the	General Election)	FOR LINE 25 OF FORM
E OF COMMITTEE (In Full)				gama Check if
KEY States		,		24-hour notice
your committee been designated to make	Fu	II Name of Subordinate Commi	ttee	· · · · · · · · · · · · · · · · · · ·
dinated expenditures by a political party of	ommittee?			
ES, name the designating committee:	Ma	illing Address		
10				
M/A	Cit	у	Sta	ate ZIP Code
Full Name (Last, First, Middle Initial) of Ea	ach Payee		Purpose of Exp	enditure
	Ċ			Cotogo
Mailing Address				Catego Type
		7:n Codo	Date	
City	State	Zip Code	, and a	2
Name of Federal Candidate Supported	Office Sought	House State:	Amount	
	}	Senate District:	_	
Aggregate General Election		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
Expenditure for this Candidate		· ·		
Full Name (Last, First, Middle Initial) of Ea	ach Pavee		Purpose of Exp	enditure grown
(445), 4 10, 11, 450			· I alposs of Exp	
····				Catego
Mailing Address			Date	Туре
City	State	Zip Code		
Name of Federal Candidate Supported (Office Sought:	House State:		
	Julio Boogra.	Senate District:	Amount	
		Presidential		
Aggregate General Election	ansalman - Samuel			
Evpanditura for this Candidate N			15	and and a second se
Evpanditura for this Candidate N			Purpose of Exp	
Expenditure for this Candidate				enditure
Expenditure for this Candidate			Purpose of Exp	enditure Catego
Expenditure for this Candidate Full Name (Last, First, Middle Initial) of Ea			Purpose of Exp	enditure Catego
Expenditure for this Candidate Full Name (Last, First, Middle Initial) of Ea	ach Payee State	Zip Code	Purpose of Exp	enditure Catego
Expenditure for this Candidate Full Name (Last, First, Middle Initial) of Ea	ach Payee		Purpose of Exp	enditure Catego Type
Expenditure for this Candidate Full Name (Last, First, Middle Initial) of Eat Mailing Address City Name of Federal Candidate Supported	State Office Sought:	Zip Code House State: Senate District:	Date Amount	enditure Catego Type
Expenditure for this Candidate Full Name (Last, First, Middle Initial) of Eat Mailing Address City Name of Federal Candidate Supported	State Office Sought:	Zip Code House State: Senate District:	Date Amount	enditure Catego Type
Expenditure for this Candidate Full Name (Last, First, Middle Initial) of Eat Mailing Address City Name of Federal Candidate Supported (Auggregate General Election	State Office Sought:	Zip Code House State: Senate District:	Purpose of Exp Date Amount	enditure Catego Type

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)
Key States
USE ONLY ONE SECTION, A or B
A. State and Local Party Committees
Fixed Percentage (select one)
Presidential-Only Election Year (28% Federal)
Presidential and Senate Election Year (36% Federal)
Senate-Only Election Year (21% Federal)
——— Non-Presidential and Non-Senate Election Year (15% Federal)
B. Separate Segregated Funds and Nonconnected Committees
Flat Minimum Federal Percentage
If the committee will allocate using the flat minimum percentage of 50% federal funds, check
If the committee is spending more than 50% federal funds, indicate ratio below
Federal %
Nonfederal%
This ratio applies to (check all that apply):
Administrative Generic Voter Drive Public Communications Referencing Party Only

SCHEDULE H2 (FEC Form 3X)		
ALLOCATION RATIOS		PAGE OF
NAME OF COMMITTEE (In Full) KEY STATES		
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE	SUPPORT	
Methods of allocation: I. FUNDRAISING activities are allocated using the "funds received method"	J" where the federal pro	portion of
expenses must equal the federal proportion of monies raised. II. Shared DIRECT CANDIDATE SUPPORT activities are allocated according where the federal proportion of disbursements is based on the benefit districtly. For PACs Only: Direct candidate support includes public communifiederal and nonfederal candidates, regardless of whether there is a refeare allocated using a time space method.	lerived by federal candi- lications or voter drives	dates from the ac- that refer to both
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	%	%
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	%	%
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	%	%
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	%	%
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	<u> </u>	%
ACTIVITY OR EVENT IDENTIFIER	FEDÉRAL %	NONFEDERAL %
ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported	%	%

SCHEDULE H3 (FEC Form 3X) TRANSFERS FROM NONFEDERAL ACCOUNTS FOR ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE	OF		
FOR LINE	18a OF	FORM	зх

IAME OF COMMITTEE (In	Full)			
KEY	States			
NAME OF ACCOUNT		DATE OF RECEIPT		TOTAL AMOUNT TRANSFERRED
N/t	7	M		
BREAKDOWN OF TRA	NSFER RECEIVED			
i) Total Administrativ	e			
		·		hand a hand a fear the short has a hand a
ii) Generic Voter Driv	e			
1111 Francis Assistation	\			
iii) Exempt Activities.			•••••	and the state of t
iv) Direct Fundraising	(List Activity or Event Ider	ntifier)		
3)	\			
a)				
b)	\	\	All the second s	
			0) <u> </u>	literathantanianessa et median deministration de la confermentania de la
c) Total Amount Tra	insferred For Direct Fundra	ising	<u>:</u>	
v) Direct Candidate S	Support (List Activity or Eve	ent Identifier)		•
		Employed for the section of the sect		. . ™i
a)			0) <u></u>	- Control of the Cont
		L. K. M.	Amerikan din sekrasikan	
b)			411 A 42 A	100 mg
c) Total Amount Tra	insferred For Direct Candid	ate Support		X E 45 D 0 45 0 A 58 X
o, iotal runount	months of Direct Surface			
vi) Public Communica	itions Referring Only to F	Party (Made by PAC)		Control of the Contro
<u> </u>	TOTALS FO	R BREAKDOWN OF TE	RANSFER RECEIVE	ED
		j j	, \	
TOTAL This Period (Admini	strative)		1	Proceedings of the second
TOTAL This Period (Generi	c Voter Drive)			A second house and a second se
			hande frank	
TOTAL This Period (Exemp	t Activities)			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TOTAL This Period (Direct	Fundacional .			
TOTAL THIS Period (Direct	runuraising)			December of and December of an Albert Second
TOTAL This Period (Direct	Candidate Support)			
,				
TOTAL This Period (Public	Communications Referring	Only to Party)		
				the constituence to an experience to an experience to a sufficiency to a s
TOTAL This Period (Total A	mount Transferred)			lander de la Completa del Completa de la Completa de la Completa del Completa de la Completa del Completa de la Completa de la Completa de la Completa del Completa de la Completa del Completa de la Completa del Completa de la Completa del Completa del Completa de la Completa del

SCHEDULE H4 (FEC Form 3X) DISBURSEMENTS FOR ALLOCAT

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE	С	F		
FOR LINE	21a	OF	FORM	зх

NA	ME OF COMMITTEE (In Full) KGV States				è
Ā.	Full Name (Last, First, Middle Initial)				Allocated Activity or Event:
A.				У .	Administrative Fundraising Exempt
	Mailing Address	·			Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:				Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:	\		Category/ Type	Date Date
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
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В.	Full Name (Last, First, Middle Initial)				Allocated Activity or Event:
	Mailing Address				Administrative Fundraising Exempt Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:		\		Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:			Cotogony	
				Category/ Type	Date
	FEDERAL SHARE		NONFEDERAL	•	= TOTAL AMOUNT
			\ .		
Ċ.	Full Name (Last, First, Middle Initial)				Allocated Activity or Event: Administrative Fundraising Exempt
	Mailing Address				Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:		·		Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:			Category/	LHAND : LOAD ! LAAAAAA
				Туре	Date
	FEDERAL SHARE		NONFEDERAL	SHARE :	TOTAL AMOUNT
			7-4-47	<u> </u>	
St	JBTOTAL of Allocated Federal and NonFederal				
	FEDERAL SHARE		NONFEDERAL	SHAHE	= TOTAL AMOUNT
TC	TAL This Period (last page for each line only)		to 21(a)(i) and		are to 21(a)(ii))
	FEDERAL SHARE	•	NONFEDERAL		TOTAL AMOUNT
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SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR **ALLOCATED FEDERAL ELECTION ACTIVITY**

(To be used by State, District and Local Party Committees Only)

PAG	=	С)F		-
FOR	LINE	18b	OF	FORM	3X

NAME OF COMMITTEE (In Full)	
Key States	•
NAME OF ACCOUNT DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
W/A	
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BREAKDOWN OF THIS TRANSFER	
i) Voter Registration VOTER REGIST	RATION
Total Amount Transferred for Voter Registration	
	OTER ID
Total Amount Transferred for Voter ID	
	GOTV
iii) GOTV Total Amount Transferred for GOTV	
	GENERIC CAMPAIGN ACTIVITY
iv) Generic Campaign Activity	enemant-manchine mathre
Total Amount Transferred for Generic Campaign Activity	an earlies and the same from t
NAME OF ACCOUNT DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
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BREAKDOWN OF THIS TRANSFER	
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	VOTER ID
Total Amount Transferred for Voter ID	Control of the second s
Construction of the second and the s	GOTV
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Total Amount Transferred for GOTV	OSASSA CAMBAGA ASTRUTY
iv) Generic Campaign Activity	GENERIC CAMPAIGN ACTIVITY
Total Amount Transferred for Generic Campaign Activity	
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TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last rage Unity)
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To the first close (voter fregistration).	and the same of th
TOTAL This Period (Voter ID)	
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TOTAL This Period (GOTV)	
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TOTAL This Period (Generic Campaign Activity)	
	the state of the state of the state of
TOTAL This Period (Total Amount of Transfers Received)	

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SCHEDULE H6 (FEC Form 3X) DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

PAGE		OF		
FOR LINE	30a	OF	FORM	3X

NAME OF COMMITTEE (In Full)	
KEY States	
KEY SLATES	
A. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event:
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\mathcal{N}/\mathcal{A}	Voter ID Generic Campaign
l L	Allocated Activity or Event Year-To-Date
Mailing Address	
City State Zip Code	
Purpose of Disbursement Category/	19.84 \ 10.80 \ \ 4.84 \ 4.84
Туре	Date
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B. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event:
	Voter Registration GOTV
	Voter ID Generic Campaign
	Allocated Activity or Event Year-To-Date
Mailing Address	And cated Activity of Event Teal To Bate
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Purpose of Disbursement Category/	MEM : LOND / LALANA
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FEDERAL SHARE + LEVIN SHARE	= TOTAL AMOUNT
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C. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event:
	Voter Registration GOTV
	Voter ID Generic Campaign
	Allocated Activity or Event Year-To-Date
Mailing Address	Anocated Activity of Event Teal-10-Date
City State Zip Code \	
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Purpose of Disbursement Category/	
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SUBTOTAL of Shared Federal and Levin Activity This Page	TOTAL AMOUNT
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FEDERAL SHARE	TOTAL AMOUNT
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SCHEDULE L (FEC Form 3X) AGGREGATION PAGE: LEVIN FUNDS

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NAM	E OF ACCOUNT					
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	\					
	(b) Unitemized	the second secon				
	(c) Total					
	(8)					
2.	OTHER RECEIPTS		and the second s			
3.	TOTAL RECEIPTS					
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4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)					
	(a) Voter Registration					
-	(b) Voter ID					
	(c) GOTV					
	(d) Generic Campaign	Barries party and and and and and and and and and				
	(a) Generic Campaign					
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5.	OTHER DISBURSEMENTS	January January January				
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9.	SUBTOTAL					
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10.	DISBURSEMENTS(From Line 6)					
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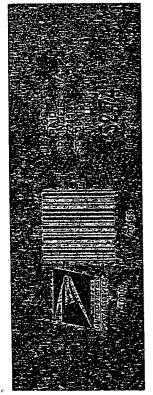
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SCHEDULE L-B (FEC Form 3X) ITEMIZED DISBURSEMENTS OF LEVIN FUNDS

Use separate schedule(s) for each category of the .

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Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Disbursement			
Mailing Address					
City State Purpose of Disbursement	Zip Code	Amount of Each Disbursement this Period			
Full Name (Last, First, Middle Initial) / Full Organization Name B. Mailing Address		Date of Disbursement			
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SUBTOTAL of Disbursements This Page (optional)	•				
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FEDERAL ELECTION COMMISSION 999 E Street, NW Washington, DC 20463

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USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
Postmark Illegible	
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Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery
Received from House Records & Registration	Date of Receipt n Office
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
PREPARER	9/18/15 DATE PREPARED
(3/2015)	